

# **ATTACHMENT**

## **H**

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prison

## REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Hill, Michael W 40428-133 AA MCKEAN  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

## Part A- INMATE REQUEST

I informed various medical staff and the warden on various occasions that I have a temporary filling which was put in well over 15 months ago at U.S.P. Lompoc, the permanent filling should have been done by now, despite this knowledge I am being told to wait until my name comes up for appointment even though there is probably one-hundred people in front of me with less serious dental needs. As a result of waiting this has caused my temporary filling to erode badly and is nearly out of the tooth, therefore I am about to suffer great pain which at this point can be prevented. I requested that I be seen by the dentist before this filling comes completely out.

07-03-02

DATE

Michael Hill

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 274890

CASE NUMBER: \_\_\_\_\_

## C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)  
APRIL 1982

HILL, Michael  
Reg. No. 40428-133  
MCK 274890-F2

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PART B - RESPONSE

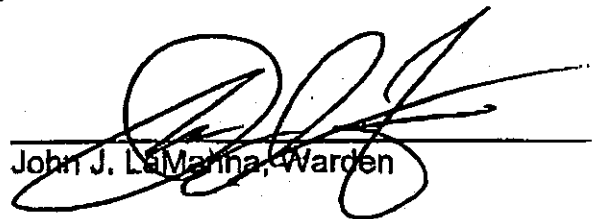
This is in response to your Request for Administrative Remedy receipted in my office on July 29, 2002, in which you request a permanent dental filling.

A review of this matter reveals you have a temporary dental filling in place. The placement of a permanent dental filling is considered as routine dental care and you are on the waiting list for treatment. When your turn comes, you will be examined for a permanent dental filling. If the temporary dental filling comes out or you are in pain, please complete a sick call request.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

8-21-02  
Date

  
John J. LaManna, Warden

LOU Sensitive

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